

**ATTACHMENT  
D  
PART 2**

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
7-20-01 1245	Intake screening: ⊖ suicidal thoughts; ⊖ IUD ⊖ ing dis ⊖ STD's ⊖ meds. Legally blind (R) eye; hx hemorrhoids. (Chundberg) Cheryl Lundberg, RN		
9/6/01 0730	S: I am '6 hemorrhoids - off & on x yrs ⊕ ext hemorrhoid ⊕ acute bleeding ⊖ thrombosis A: see chap P: Dilucaine oint Appl per #1 tube Hemorrhoid Suppositories insert 1 pr after BM #1 box 1st & 2nd x fiber clusters touch Rtc per		
	Reviewed by D. Olson, MD Date: 9/6/01 C. Todd Montgomery AHSA/SMLP		
10/12/01 0706	S: Request 3 Surgery for hemorrhoids. Flare up QD. O: Small. hemorrhoidal tag ⊖ edema or erythema "I don't have it now, but it comes back in the evening". A: Hemorrhoids; no indication for surgery. P: Opt. education on ↑ water & fiber ⊕ Dilucaine ointment after BM (Contd...)		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Ward, Myron

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1

[illegible]

FEDERAL BUREAU OF PRISONS

This form may be replicated via WDI STMTTAD MO/DEM 5501

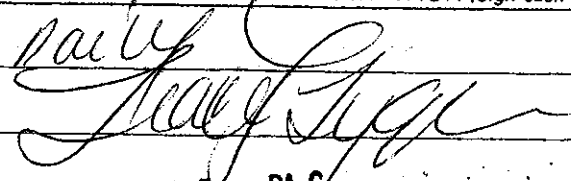
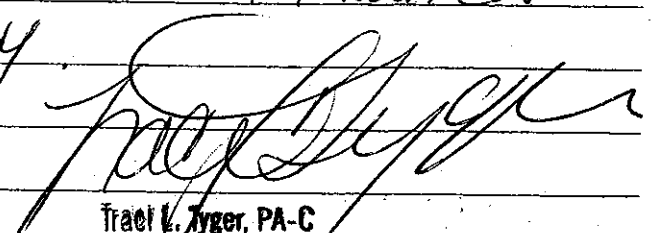
USP Lewisburg  
Inmate Received, this date 7/13/01  
Medical History Reviewed  
Evidence of lice Yes ☒ No  
Suicidal Thoughts Yes ☒ No  
Recent Assault, Trauma or Abuse Yes ☒ No  
Signs and Symptoms of Infect Dse Yes ☒ No  
Allergies to Medications Yes ☒ No  
Medications Yes ☒ No

*Jane Okoth MLP*  
Jane Okoth, MLP

FCI/FPC McKean  
Inmate Received this date 7-20-01  
Medical History (BP-360) Reviewed  
Evidence Body Lice: Yes/No  
Medications: Yes/No - Given

*Chunaberg*  
Cheryl Lundberg, RN

7/20/01  
O.K. For Transfer  
USP Lewisburg  
Medications Yes \_\_\_\_\_ No ☒  
*Jane Okoth MLP*  
Jane Okoth, MLP

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5/9/01 CONT.	FU PM SHU LOS nail  Traci L. Tyger, PA-C Physician Assistant-Cert.
6/12/01 0815	<p>(SHU)</p> <p>3) Pt seen c/o scalp pruritus &amp; lesions/sore        on scalp/neck area. Rinitis/allergies        3040 B-M NAD Seen in SHU cell        NAD/Scalp        Hair Black, texture is coarse dry        scalp inspected &amp; noted excoriations        mild flaking of scalp</p> <p>4) Sebaceous Dermatitis</p> <p>5) (1) Rx Selenium Sulfide 2.5% lotion        Shampoo in bowl. 5 min, rins. Repeat 4 2wk</p> <p>(2) Pt Education: on no scratching as        this is cause of his "sores". Also exp        on shampooing to 600 maximum at        coarse hair/dry</p>  Traci L. Tyger, PA-C Physician Assistant-Cert.

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
3/22/01 0930	O: Pt has request for facial & back breakout. Reported Acne vulgaris for breakout. Now status cleared & pruritus gone. O: 3040 BM APOXY, COOPERATIVE Skin: face, clear few non-inflammatory closed comedones Back: clear A/P. skin clear now. Discussed no chance of fibrosis to PL. May want to purchase Clearasil to avoid breakout's, infection as prevention. <i>[Signature]</i>

Traci L. Tyger, PA-C  
Physician Assistant-Cert.

5/9/01 8/2	SHU Pt C/o no itchy eyes. Given stat antihistamines by provider at Sec 1405 & AID. Seen in SHU cell eyes: sclera to note & vasculature clear conjunctiva. No thick discharge noted A: Suspect ocular irritation & allergy P: Compensatory AD. (Re Artificial Tears #1 instill 4x daily & open. & R/S)
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PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

RECORDS MAINTAINED AT:		PATIENT'S NAME (Last, First, Middle initial)		SEX
		Walo Myron		
RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE	
SPONSOR'S NAME			ORGANIZATION	
DEPARTMENT/SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH		
	05967-084	7/7/70		

FCI LORETTO  
Health Services Dept

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2/23/01 1330	<p>S: A here for hemorrhoid medication &amp; 2<sup>5</sup>-3y            T in surgery 12 months ago. Reports only occurs bleed            Does not use regularly OTC med.            Reports swelling/irritation of hemorrhoids            after each BM - swelling in 1-3h post BM            Q: 30 y.o. BM            NAD, Ambulatory            BP 110/70 P 60, Regular            A&amp;O</p>
Baseline	<p>99 6.1 &gt; 14.0 &lt; 215            42.9</p>
	<p>rectal: no external hemorrhoids visible            (+) Internal &amp; papillary anal            Sphincter No blood detected            It diffus. excitation/pean of internal rectal canal</p>
	<p>A: External hemorrhoids by Hx</p>
	<p>P: Rx Anusol Suppositories #12 Refill            insert 1 rectally after BM's per &amp; 2 swabs</p>
	<p>Rx DIBUCALIN Lint #1</p>
	<p>Apply PRM Ad after AM/PM BM</p>
	<p>Recommend keeping BM's regular soft</p>
	<p>&amp; 9 H<sub>2</sub>O, whole grains/ban &amp; Pectin</p>
	<p>OTC irregularity</p>
	<p>Avoid Straining</p>
	<p>RTU PRM</p>
	<p>Traci L. Tyger, PA-C            Physician Assistant-Cert.</p>



## HEALTH RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
1/5/01 1850	<p><b>ADMINISTRATIVE NOTE:</b> MEDICAL RECORD REVIEWED THIS DATE: 1/5/01 <i>m. EMT/p</i></p> <p style="text-align: right;">John McMullen EMT/Paramedic</p>
1-18-01	<p>S: 30yo m. h/o fungus on toes. Reports he had looked this way for several months. Denies known injury to toe.</p> <p>BP 110/70</p> <p>Weight 157 lbs</p> <p>O: NAD, AMB</p> <p>Rx error <i>by</i> weight stable</p> <p>R foot: #1 Great toe to Sign of old Contusion &amp; under nail of hemorrhage &amp; discoloration. Nail is brittle but regrowth at <sup>nail-</sup>bed noted. no interdigital maculation or signs of fungus. Other parts clean and groomed well.</p> <p>A foot: good hygiene. No Cuts, rashes or other</p> <p>A: O of Contused toenail now brittle &amp; weak</p> <p>P: Will take time for regrowth</p> <p>Advise nail may fall off; not to be alarming</p> <p>Discussed Sign of fungus &amp; to report.</p> <p style="text-align: right;"><i>Traci Tyger</i> Traci L. Tyger, PA-C Physician Assistant-Cert.</p>
1-25-01	<p>Good Service PE &amp; Clearance.</p> <p style="text-align: right;"><i>Traci Tyger</i> Traci L. Tyger, PA-C Physician Assistant-Cert.</p>

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

Nard, Myron

05967-084

FCI LORETTO  
Health Services Dept

RECORDS MAINTAINED AT:	Traci L. Tyger, PA-C Physician Assistant-Cert.		
PATIENT'S NAME (Last, First, Middle initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 201-45.505

**RANSIT** CDFRM

MAY 99

**U.S. DEPARTMENT OF JUSTICE**

FEDERAL BUREAU OF PRISONS

TB Clearance Yes ☒ No ☐

1. PPD Completed: 3-23-00  
Date

Results: ~~+~~ mm

2. CXR Completed: \_\_\_\_\_  
Date

Results: \_\_\_\_\_

3. Health Authority  
Clearance: Cleared

D Smith BSU 12/29/00  
Sign Date

Note:  
Dates listed above must be within one year of this transfer.

Name Ward Myron	Prisoner/Alien Reg.# 05967-084	D.O.B. 7/7/70
Departed From FCI Cum	Date Departed 1-2-01	
Destination LOR	Reason for Transfer non-medical	
Dist. Name	Dist.#	Date in Custody — / — / —

Current 1. NONE 4. \_\_\_\_\_  
Medical 2. \_\_\_\_\_ 5. \_\_\_\_\_  
Problems 3. \_\_\_\_\_ 6. \_\_\_\_\_

[illegible]

Additional Comments - Blood and Body Fluid Precautions

NIKDA

### Special Needs Affecting Transportation

Is prisoner medically able to travel by BUS, VAN or CAR?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to travel by airplane?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is prisoner medically able to stay overnight at another facility en route to destination?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, why not?
Is there any medical reason for restricting the length of time prisoner can be in travel status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, state reason
Does prisoner require any medical equipment while in transport status?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, what equipment?

Sign and Print Name - Certifying Health Authority  
A. Smith BSN Alison Smith, RN  
FCI Cumberland

Phone Number

Date Signed \_\_\_\_\_

Record copy - Transporting Officer: Copy - Health Record (Top page Position one); Copy - Transferring Institution

'his form may be replicated via WP) **SIMILAR TO (USM 553)**



Replaces RD-9659 of May 90

USP Lewisburg

Inmate Received, this date

Medical History Reviewed

Evidence of lice

Suicidal Thoughts

Recent Assault, Trauma or Abuse

Signs and Symptoms of Infect Dse

Allergies to Medications

Medications

Jodie L. Frasch, RN

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

1-2-01

Y Frasch

O.K. For Transfer

USP Lewisburg

Medications

Yes No

✓ Luis Ramirez PA

Luis Ramirez, P.A.

1/5/00

1/5/01 Flycatcher  
Receives/Receives

CHM  
NKDA  
d mers  
d lice  
d S/F

Luis Lopez

23

NSN 7540-00-634-4176

AUTHORIZED FOR LOCAL REPRODUCTION

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

1/2/10

Sick call

1015

S: Cb hemorrhoids started feeling sector swelling  
 discomfort & BM + amount all red blood in paper  
 p BM x 2-3 days - has ↓ amt meat in diet hoping  
 to avoid constipation.

D.B. - not indicated.

abd: soft, NT @ BS 4 marks dysmorphic

rect: large ext hemorrhoid @ 12 o'clock, smest hemorrhoid  
 @ 12 o'clock, no rectal tone, prostate no sig  
 lesions, yllae Positive

A: ext hemorrhoids

P: ① metamucil - mix 4 packet in 8oz H<sub>2</sub>O 5 day #3

② <sup>hemorrhoidal ointment apply rectally BID x 7 days / TC 458</sup>  
~~② Dicyclanil ointment apply 4 times BID x 7 days #1~~

discharge  
10-02-00

③ Diet: ↑ fiber diet, ↑ fluids, ↑ meds, rectal  
 hygiene, flu pro sis worsen / persw

④ Idle today

RX (s) Filled  
 See Medication List

Russell L. Byrd, RPh.  
 FCI CUMBERLAND

M. J. J. J.

V. J. J. J.

R. J. J. J.

GARY I REYNOLDS, MD  
 FCI CUMBERLAND

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
 Date of Birth; Rank/Grade.)

REGISTER NO.

WARD NO.

Ward, Ryan

05967-084

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record

STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
06-24-99	SICK CALL (cont)
01	Vitals not indicated
	INTERNT: markedly edematous nasal mucosa + rhinorrhea
A	"allergic" rhinitis (most likely due to cell environment
P	meds: 1) CTM 4mg T tab at bedtime 2) 9 from SunMed education: continue CTM with "allergy tablets" from commissary
FN	As needed Report
4/21/00 1000	sick call (S) 40 (P) eye irritant and (L) eye problems see spots for sometime - the (R) eye blind at birth (S) VS are not indicated (R) eye: mild erythema at lateral conjunct (L) eye: 20/20 smaller test, unable to see fund (A) (R) eye irritation (L) eye strain. (P) artificial tear: 4 drops qid in (R) eye. 1 wk Reschedule to see optometrist if no show for appoin on 6/9/99.) - I/M educated about his problem & the tx
	Becky Robinette, Pharm Tech. FCI Cumberland <i>BR</i> 4/24/00
	RX (s) Filled See Medication List
	Thao Nguyen, PA FCI Cumberland
	<i>Russell</i> Russell L. Byrd, RPh. FCI CUMBERLAND
	<i>Reynolds</i> GARY I REYNOLDS, MD FCI CUMBERLAND

05967-084

STANDARD FORM 600 (REV. 6-97) BACK

WARD, MYRON

NSN 7540-00-534-4176

## MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

## CHRONOLOGICAL RECORD OF MEDICAL CARE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

DATE

(cont'd)

5-25-99

1045

A - ? @ eye strain

P - @ Optometry consult

② Pt educated re: eye play with cell-out

Richard Klimkiewicz, PA-C  
FCI CUMBERLAND

6-19-99

1135

Sick Call

S - at eye sore throat & 3 days - bothers him mostly when he's  
inside & air conditioning, feel raw in AM, says unit is too cold  
O - BP - 104/20 P - 48 R - 14 T - 97.8

HEENT - normal

Heart - bradycardic, slightly irregular rhythm

Lungs - clear @

A - Sore throat - ? temperature sensitivity

P - @ FC ASD 325 mg po qhs #9 - from San Ant

② Pt educated re: meds, warm drinks, hydrate

Richard Klimkiewicz, PA-C  
FCI CUMBERLAND

6-24-99

1000 SICK CALL

S - Concerns 'cold symptoms improved since signing  
up for this appointment two days ago

(OVER) Reynolds

GARY I REYNOLDS, MD

HOSPITAL OR MEDICAL FACILITY

FCI CUMBERLAND

STATUS

DEPT./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;  
Date of Birth; Rank/Grade.)

REGISTER NO.

05967-084

WARD NO.

Ward, Myron

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1







STANDARD FORM 545 (rev. 10-75)  
545-108

## LABORATORY REPORT DISPLAY

TEST(S)		SPECIMEN TAKEN	
DATE	TIME	A.M.	P.M.
RESULTS	ROUTINE		
	COLOR		
1.025	SPECIFIC GRAVITY		
0.2	UROBILINOGEN		
NEG	OCCULT BLOOD		
NEG	BILE		
NEG	KETONES		
NEG	GLUCOSE		
NEG	PROTEIN		
6.5	pH		
	MICROSCOPIC		
NEG	WBC		
	RBC		
	EPITH CELLS		
	WBC		
	RBC		
	HYALINE		
	GRANULAR		
	BACTERIA		
	CRYSTALS		
	MUCUS		
NEG	NITRITE		
	BENCE-JONES PROTEIN		
	HEMOSIDERIN		
	HCG		

URINALYSIS 550-107  
Standard Form 550 (Rev. 4-77)  
General Services Administration and Interagency  
Committee on Medical Records FIRM (41 CFR) 201-45.505

REMARKS: *WARD*

Enter in above space: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

REQUESTING PHYSICIAN'S SIGNATURE: *[Signature]*

REPORTED BY: *[Signature]*

TECH: *5-7-99*

MD: *5/7/99*

LAB. ID NO.: *ADD*

PATIENTS MED. RECORD

REMOVE PROTECTIVE STRIP—PLACE TOP OF 2D REPORT ON THIS LINE—RIGHT MARGIN  
ON BASE LINE

ALIGN ALL LABORATORY REPORTS ALONG THIS BASE LINE

**INSTRUCTIONS:** This form may be used to display laboratory reports as a flow sheet to be read as a progressive table. If so, a separate sheet should be used for each type of report form. When assorted report forms are mounted on the display sheet, both test names and results should always be visible.

ENTER IN SPACE BELOW: PATIENT IDENTIFICATION—TREATING FACILITY—WARD NO.—DATE

*Ward, Myron*  
*05967-084*

FORMS DISPLAYED ON THIS SHEET ARE (Check one)	
MOUNTED ON STRIPS 1 THROUGH 7	MOUNTED ON STRIPS 1, 3, 5, AND 7
<input type="checkbox"/> CHEMISTRY I (SF 546)	<input type="checkbox"/> PARASITOLOGY (SF 552)
<input type="checkbox"/> CHEMISTRY II (SF 547)	<input type="checkbox"/> IMMUNOHEMATOLOGY (SF 551)
<input type="checkbox"/> CHEMISTRY III (SF 548)	<input type="checkbox"/> ASSORTED FORMS
<input type="checkbox"/> HEMATOLOGY (SF 549)	<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> URINALYSIS (SF 550)	MOUNTED ON STRIPS 1, 4, AND 7
<input type="checkbox"/> SEROLOGY (SF 551)	<input type="checkbox"/> MICROBIOLOGY I (SF 553)
<input type="checkbox"/> SPINAL FLUID (SF 555)	<input type="checkbox"/> MICROBIOLOGY II (SF 554)
	<input type="checkbox"/> MISCELLANEOUS (SF 557)
	<input type="checkbox"/> ASSORTED FORMS

PRESCRIBE BY GSA/ICMR  
FIRM (41-CFR) 201-45, 505

LABORATORY REPORT  
DISPLAY

5-14-04  
DN

Southside Regional Medical Center  
801 South Adams  
Petersburg VA, 23803

NAME: WARD, MYRON  
HOSP ACCT #: CL6200176

DOCTOR: C  
MED REC#: 05967-084

LOC: REF Room: REF  
ADMIT DATE: 05/12/04 15:46

Accession #: 133-0585

Collected Date/Time: 05/12/04 09:35

### Rout

Test Name	Results	Init	Reference Range	Units
-----------	---------	------	-----------------	-------

### HEMATOLOGY

WHITE BLOOD CELL	5.27		3.20-9.80	X10 <sup>9</sup> /L
RED CELL COUNT	4.79		4.40-5.70	X10 <sup>12</sup> /L
HEMOGLOBIN	14.6		14.0-18.0	G/DL
HEMATOCRIT	43.9		39.0-49.0	%
MCV	91.6		80.0-98.0	FL
MCH	30.5		27.0-31.0	PG
MCHC	33.3		33.0-37.0	%
RDW	12.1		11.5-14.5	%
PLATELETS	193		150-450	K/UL
MEAN PLT VOL	10.1		7.4-10.4	FL

### AUTO DIFFERENTIAL

GRANULOCYTE %	47.5		42.2-75.2	%
LYMPHOCYTES	43.8		20.5-51.1	%
MONOCYTES	7.4		1.7-9.3	%
EOSINOPHIL %	0.9		0.0-10.0	%
BASOPHIL %	0.4		0.0-0.8	%
GRAN. ABSOLUTE	2.5		2.0-8.6	K/UL
ABSOLUTE LYMPH	2.3		0.6-4.2	K/UL
MONO ABSOLUTE	0.4		0.0-0.9	K/UL
ABSOLUTE EOS	0.1		0.0-0.7	K/UL
ABSOLUTE BASO	0.0		0.0-0.2	K/UL

### COAGULATION STUDIES

PROTHROMBIN TIME 11.4 9.8-12.3 *K.A. Laybourne, M.D.* SECONDS

RECOMMENDED INR VALUES: PREVENTION/TREATMENT OF  
DVT/PREVENTION OF STROKE/SYSTEMIC EMBOLISM = 2.0 TO 3.0  
RECURRENT MI/MECHANICAL VALVES = 2.5 TO 3.5  
INCREASED RISK OF BLEEDING IS ASSOCIATED WITH INR'S OF 5.0  
AND HIGHER.

INR Therapy 1.0  
APTT 32.4 24.0-35.0 SECONDS

\*\*\* See Next Page for Additional Results \*\*\*

Rpt Comment:

WARD, MYRON  
LABORATORY REPORT

PAGE: 1  
05/12/04 18:01

Southside Regional Medical Center  
801 South Adams  
Petersburg VA, 23803

NAME: WARD, MYRON  
HOSP ACCT #: CL6200176

DOCTOR:  
MED REC#: 07071970

LOC: REF Room: REF  
ADMIT DATE: 05/12/04 15:46

Accession #: 133-0585

Collected Date/Time: 05/12/04 09:35

### Rout

Test Name	Results	Init	Reference Range	Units
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### CHEMISTRY

GLUCOSE	81		70-110	MG/DL
BUN	18		5-25	MG/DL
CREATININE	1.1		0.5-1.4	MG/DL
SODIUM	139		135-153	MMOL/L
POTASSIUM	4.1		3.5-5.3	MMOL/L
CHLORIDE	105		102-112	MMOL/L
CO2	32 H		24-31	MMOL/L
CALCIUM	9.5		8.7-10.7	MG/DL
TOTAL PROTEIN	7.0		6.0-8.0	G/DL
ALBUMIN	4.2		3.5-5.0	G/DL
ALK PHOSPHATASE	65		37-107	IU/L
SGOT/AST	21		8-42	IU/L
SGPT/ALT	17		0-55	IU/L
BILIRUBIN, TOTAL	0.7		0.3-1.2	MG/DL
CALCULATED OSMO	279		275-295	MOSM/L
ANION GAP	6.6 L		10.0-20.0	MMOL/L
GLOBULIN	2.8		2.2-4.0	G/DL
A/G RATIO	1.5		1.0-20.0	

*W.A. Laybourn, M.D.*  
5/17/04

\*\*\* "FCI (LOW)" - Doctor Report \*\*\*

Rpt Comment:

WARD, MYRON  
LABORATORY REPORT

PAGE: 2  
05/12/04 18:01

**FEDERAL MEDICAL CENTER CLINICAL LABORATORY**Laboratory Supervisor:  
Bob LatinaOLD HIGHWAY 75  
BUTNER, NC 27509  
(919) 575-3900Page: 1 of 1  
Printed: 12/08/2003 @ 15:18

FINAL REPORT  
\*\*\* SENSITIVE - LIMITED OFFICIAL USE \*\*\*

Name: WARD, MYRON

Lab #: 040361

ID: 05967-084

Test	Result	Flag	Reference Range/Units
------	--------	------	-----------------------

**HEMATOLOGY****CBC w/DIFF**

WBC	5.7		4.0 - 11.0 $10^3/uL$
RBC	4.94		4.50 - 5.50 $10^6/uL$
Hgb	14.7		14.0 - 17.0 g/dL
Hematocrit	44.4		42.0 - 50.0 %
MCV	89.8		80.0 - 100.0 fL
MCH	29.8		25.4 - 34.6 pg
MCHC	33.1		31.0 - 37.0 g/dL
RDW	12.1		11.0 - 15.0 %
Platelets	191		125 - 400 $10^3/uL$
MPV	8.3		7.0 - 11.0 fL
Neutrophils %	53.8		40.0 - 75.0 %
Lymphocytes %	38.9		15.0 - 45.0 %
Monocytes %	6.3		6.0 - 15.0 %
Eosinophils %	0.8		0.0 - 7.0 %
Basophils %	0.2		0.0 - 2.0 %
Neutrophils #	3.1		1.5 - 7.1 $10^3/uL$
Lymphocytes #	2.2		0.9 - 3.3 $10^3/uL$
Monocytes #	0.4		0.3 - 1.1 $10^3/uL$
Eosinophils #	0.0		0.0 - 0.7 $10^3/uL$
Basophils #	0.0		0.0 - 0.2 $10^3/uL$

**SEROLOGY**

RPR

Nonreactive

Nonreactive

*Kmo*  
12/15/03  
P. W. Laybourn  
Medical Officer  
FCC Petersburg, Virginia

## Legend

High = HI Low = LO Critical = CR Abnormal = AB

ID: 05967-084

Name: WARD, MYRON

Ordered By: LAYBOURN

Collected: 12/03/03@ 10:00

DOB: 07/07/1970 Age: 33yr Sex: M  
Lab Accn: 040361

Location: Petersburg Low

Reviewed \_\_\_\_\_

U. S. MEDICAL CENTER FOR FEDERAL PRISONERS  
 LABORATORY, 1900 W. SUNSHINE  
 SPRINGFIELD, MISSOURI 65808  
 (417) 862-7041, EXT. 454

## ===== F I N A L R E P O R T =====

Register Number: 05967-084

Name : WARD,.....

Location : FCI CUMBERLAND

Physician : HOWARD, MD

Collection Date: 05/07/1999

Collection Time: 10:00

Tests | Glucose; RPR

Ordered|

Age : 99

Sex : M

Accession Number: 2888

"X" if Complete : [X]

Test Name	Result	Flag	Reference Range	Tech
Collection Cmt.	Admission & Orientation			
Glucose	63	LO	mg/dL 70 - 110	SY TE
RPR	Non-Reactive		NR	MB JD
-- End of Laboratory Report --				

Name : WARD,.....  
 Register#: 05967-084  
 Printed : 05/10/1999 @ 14:00

Doctor : HOWARD, MD  
 Location: FCI CUMBERLAND  
 Sensitive L.O.U.

*Handwritten:*  
 Snd  
 1720199  
 Re Id  
 5-11-99  
 Suo

21502078 AREA/ROUTE/STO MAIL  
 FCI - CUMBERLAND  
 14601 BURBIGE ROAD - SE  
 CUMBERLAND, MD 21502

**SB** **SmithKline Beecham**  
 Clinical Laboratories

PATIENT NAME <b>WARD, NONAME</b>		PATIENT ID <b>05967 084</b>		ROOM NO.	AGE	SEX	PHYSICIAN <b>HOWARD</b>	
PAGE <b>1</b>	REQUISITION NO. <b>0482787</b>	ACCESSION NO. <b>KP351605P</b>	LAB REF. #	COLLECTION DATE & TIME <b>05071999 10</b>		LOG-IN-DATE <b>05071999 05</b>		REPORT DATE <b>05101999</b>
REMARKS								& TIME <b>3:04PM</b>

**EASTERN  
TIME**

REPORT STATUS	INAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
ate of Birth: NG							
BC (INCLUDES DIFF/PLT)							
WHITE BLOOD CELL COUNT		6.1			THOUS/MCL	3.8-10.8	KP
RED BLOOD CELL COUNT		4.65			MILL/MCL	4.40-5.20	
HEMOGLOBIN		14.0			G/DL	13.8-15.6	
HEMATOCRIT		42.9			%	41.0-46.0	
MCV		92.2			FL	80.0-100.0	
MCH		30.1			PG	27.0-33.0	
MCHC		32.6			G/DL	32.0-36.0	
RDW		12.9			%	9.0-15.0	
PLATELET COUNT		215			THOUS/MCL	130-400	
ABSOLUTE NEUTROPHILS		3233			CELLS/MCL	1500-7800	
NEUTROPHILS		53			%		
ABSOLUTE LYMPHOCYTES		2379			CELLS/MCL	850-4100	
LYMPHOCYTES		39			%		
ABSOLUTE MONOCYTES		427			CELLS/MCL	200-1100	
MONOCYTES		7			%		
ABSOLUTE EOSINOPHILS		61			CELLS/MCL	50-550	
EOSINOPHILS		1			%		
ABSOLUTE BASOPHILS		0			CELLS/MCL	0-200	
BASOPHILS		0			%		

>> END OF REPORT - WARD, NONAME KP351605P <<

sent  
5-28-99  
RCW  
5-21-99  
One

**SOUTHSIDE REGIONAL MEDICAL CTR**

801 SOUTH ADAMS STREET

PETERSBURG, VA 23803

**Name: WARD, MYRON A****Room: SOP -****MR#: 511819****Pat#: 6621854****Req#: 2224401-1****DOB: 07/07/1970****Age: 33 Y****Sex: M****Ack:****Exam: SURGICALS****Adm Dr: RAYUDU, JIJAVARAPU****Ord Dr: RAYUDU, JIJAVARAPU****Transcribed: 05/21/2004 13:30:49****Dictated: 05/21/2004 09:37:00****\*\*\* Final \*\*\*****PATHOLOGY REPORT****S04-02485****FINAL DIAGNOSIS:****Cervical lymph node: benign hyperplastic lymph node with mild dermatopathic changes****CLINICAL HISTORY:****PREOP DIAGNOSIS:****Cervical lymphopathy****POSTOP DIAGNOSIS:****None given****GROSS DESCRIPTION:****The specimen is labeled "cervical lymph node-right" in fixative is a 9 x 8 x 4 mm pink lymph node, bisected. T1 bts****MICROSCOPIC  
INTERPRETATION:****This lymph node is relatively small and contains benign hyperplastic variably sized follicular centers, some with a dung bell configuration scattered about the cortex. Some pigment is noted in some macrophages with in the finesses.****Electronically signed by BRAD SIEGMUND MD at 05/21/2004 13:37:58**

*1000*  
*7/6/04*  
K.A. Layton, M.D.



BP-S622.060 **RADIOLOGIC CONSULTATION REQUEST/REPORT** CDFRM  
AUG 96**U.S. DEPARTMENT OF JUSTICE****FEDERAL BUREAU OF PRISONS**

<b>Patient Identification</b> Name, Register Number, Institution  <b>Ward, Myron</b>  <b>05967-084</b>  <b>FCC - Petersburg (LOW)</b>	<b>Age</b>  <b>35</b>	<b>Sex</b>  <b>M</b>	<b>EXAMINATION REQUESTED</b>  <b>Sinuses 3v min (70220)</b>
<b>Pregnant</b> ___ Yes <b>X</b> No			
<b>Requested by</b>  <b>Luis A. Negron, PA</b>	<b>Date Requested</b>  <b>11-21-05</b>		

**Specific reason(s) for request (Complaints and findings)****Headaches.**

<b>Date of examination</b>  <b>11-21-05</b>	<b>Date of Report</b>  <b>11-27-05</b>	<b>Date of Transcription</b>	<b>Film #</b>
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**Radiologic Report****Exam: Paranasal sinuses****Conclusion: Normal sinuses.****Findings: The paranasal sinuses are well developed and aerated without air/fluid levels, masses, or bone destruction.**

*Handwritten signature: Luis A. Negron, PA*

*Handwritten signature: K. L. Layton*  
 K. L. Layton  
 FCC Patient Care

**Signature**

*Handwritten signature: William B. Olson, M.D.*  
**William B. Olson, M.D.**

**Location of Radiologic Facility****DBI Radiology, Inc.**

Franklin, Virginia 23851-1205

Original - Medical Record; Copy - Physician; Copy - Radiology  
(This form may be replicated via WP)

BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFRM  
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Register Number, Institution	Age	Sex	EXAMINATION REQUESTED
Ward, Myron	35	M	Sinuses 3v min (70220)
05967-084	Pregnant ____ Yes <input checked="" type="checkbox"/> No		
FCC - Petersburg (LOW)	Requested by Luis A. Negron, PA		Date Requested 11-21-05

Specific reason(s) for request (Complaints and findings)

Headaches.

Date of examination	Date of Report	Date of Transcription	Film #
11-21-05	11-27-05		

Radiologic Report

Exam: Paranasal sinuses

Conclusion: Normal sinuses.

Findings: The paranasal sinuses are well developed and aerated without air/fluid levels, masses, or bone destruction.

*Handwritten signature: Luis A. Negron M.D.*

*Handwritten signature: K. S. Laybourn*  
11-29-05  
K. S. Laybourn, MD  
FCC Petersburg, Virginia

Signature	Location of Radiologic Facility
<i>William B. Olson, M.D.</i> William B. Olson, M.D.	DBI Radiology, Inc. Franklin, Virginia 23851-1205

Original - Medical Record; Copy - Physician; Copy - Radiology

(This form may be replicated via WP)

BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFRM  
AUG 96

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

<b>Patient Identification</b> Name, Register Number, Institution  <b>Ward, Myron</b>  <b>05967-084</b>  <b>FCC - Petersburg (LOW)</b>	<b>Age</b>  <b>33</b>	<b>Sex</b>  <b>M</b>	<b>EXAMINATION REQUESTED</b>  <b>Sinuses 3v min (70220)</b>
	<b>Pregnant</b> ___ Yes <b>X</b> No		
	<b>Requested by</b> <b>Luis A. Negron, PA</b>		

Specific reason(s) for request (Complaints and findings)

Nasal discomfort.

<b>Date of examination</b> <b>3-3-04</b>	<b>Date of Report</b> <b>3-7-04</b>	<b>Date of Transcription</b>	<b>Film #</b>
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## Radiologic Report

Exam: Paranasal sinuses

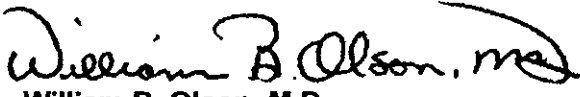
Conclusion: Normal sinuses.

Findings: The paranasal sinuses are well developed and aerated without air/fluid levels, masses, or bone destruction. The nasal septum is midline.

*pull*  
*pull*  
 FCC - LOW

*WMO*  
*3/10/04*

K.A. Laybourn, M.D.

<b>Signature</b>  <b>William B. Olson, M.D.</b>	<b>Location of Radiologic Facility</b> <b>DBI Radiology, Inc.</b> Franklin, Virginia 23851-1205
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Original - Medical Record; Copy - Physician; Copy - Radiology

(This form may be replicated via WP)

Facility:

Medication Administration Record

Month/Year:

Order Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Facility:

Medication Administration Record

Month/Year:

Prescriptions

Time

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Order Date

K. LAYBOURNE

Ord. Date WARD, MYRON ARVEL  
05/21/04 05967-084

Refill 5

DO NOT TAKE 1 OR 2 TABLETS PER DAY  
05/21/04 DAILY AS NEEDED FOR PAIN FOR 4 DAYS

RX #

28670 #24

Order Date

ACETAMINOPHEN/CODINE 300MG/30MG TAB

Exp. Date

RX #

der Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

der Date

Exp. Date

RX #

Order Date

Exp. Date

RX #

Documentation Codes: H - Hold R - Refused DC - Disc

DOB: HT: WT:

Unit: WARD, MYRON ARVEL  
05967-084  
PETERSBURG HOUSING - M02-070  
05/21/2004

Pill Line#: Pt. Name:

Administered

NS - No Show

O - Other

Diagnosis:

Physician:

Health Services Unit-Low  
FCC Petersburg, Virginia

FAV  
give NS  
5/24/04

NSN 7540-00-634-4176

## MEDICAL RECORD

## CHRONOLOGICAL RECORD OF MEDICAL CARE

AUTHORIZED FOR LOCAL REPRODUCTION

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
4-26-99 1750	RECEIVED AT CUMBERLAND e following note Colace 100mg po bid, #5 given to pt  Richard Klimkiewicz, PA-C FCI CUMBERLAND	
4-27-99 <sup>0830</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS	Jody Rouzer RN FCI Cumberland Rouzer, RN
4-28-99 <sup>0820</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS	Jody Rouzer RN FCI Cumberland Rouzer, RN
4-29-99 <sup>0900</sup>	S: "D'm requesting colace 100mg Bid that he received from Hanger" O= NO V/S indicated, I/M chart pulled, medication given for constipation A= ? chronic constipation problem P= MD advised to evaluate I/M during rounds  Alison Smith, RN FCI Cumberland ASmith BSCW	
04-29-99	1652 Admin Note - inmate advised that he must undergo rectal exam prior to receiving long term colace inmate declined no further eval will be pursued	
4/30/99 <sup>0810</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS	Dawn Williams, RN FCI Cumberland Williams, Dawn
5-1-99 <sup>0803</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS	Kimberlee Alt, RN FCI CUMBERLAND Kimberlee Alt, RN
5-2-99 <sup>0803</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS	Kimberlee Alt, RN FCI CUMBERLAND Kimberlee Alt, RN
5-3-99 <sup>0803</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS	Kimberlee Alt, RN FCI CUMBERLAND Kimberlee Alt, RN
HOSPITAL OR MEDICAL FACILITY: FCI CUMBERLAND STATUS: _____ DEPARTMENT/SERVICE: _____ RECORDS MAINTAINED AT: _____ SPONSOR'S NAME: _____ SSN/ID NO.: _____ RELATIONSHIP TO SPONSOR: _____ PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.) REGISTER NO.: 05967-084 WARD NO.: _____ Ward, Myron		

## CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1



DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
5-4-99 <sup>0840</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-5-99 <sup>0820</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Jody Rouzer RN FCI Cumberland Kaul BSA
5-5-99 <sup>0830</sup>	S: "My asthma feels like it's flaring up." O: No dyspnea noted. No accessory muscles noted. Rx A: Asthma exacerbation / in reactive distress at this time. Rx P: Will up to Dr. Reynolds
5-6-99 <sup>0810</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Dawn Williams, RN FCI Cumberland Dawn Williams, RN FCI Cumberland
5-7-99 <sup>08</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-8-99 <sup>08</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-9-99 <sup>08</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-10-99 <sup>08</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-11-99 <sup>0900</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Jody Rouzer RN FCI Cumberland Rouzer, RN
5-12-99 <sup>0700</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Dawn Williams, RN FCI Cumberland
5-13-99 <sup>0920</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Dawn Williams, RN FCI Cumberland
5-14-99 <sup>0920</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Dawn Williams, RN FCI Cumberland
5-15-99 <sup>08</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-16-99 <sup>0815</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Kimberlee Ait, RN FCI CUMBERLAND Kaul BSA
5-17-99 <sup>0930</sup>	SPECIAL HOUSING ROUNDS NO MEDICAL/DENTAL COMPLAINTS Alison Smith RN FCI Cumberland A Smith RN
5-18-99 <sup>08</sup>	OUT OF SMO Kaul BSA
5-25-99	Sick Call
1045	S: pt eye problem in eye vision - sees spots of times, has been doing a lot of reading, legally blind in eye since birth O: Vitals not indicated Eye - PERLA/FOVI, eye fundus blurry, eye is cloudy vitreous - unable to visualize fundus Shellen - OS-20/20 OD-fine counting (cont'd)



Date APR 05 1999Medication: ☒ Yes ☐ NoHot Meds: ☐ Yes ☒ NoMeds Issued: ☐ Yes ☒ NoLice Seen: ☐ Yes ☒ No

## MEDICATION TIMES:

once daily = 6:00 a.m.

2 x daily = 6:00 a.m. &amp; 3:30 p.m.

3 x daily = 6:00 a.m., 11:30 a.m., 3:30 p.m.

4 x daily = 6:00 a.m., 11:30 a.m., 3:30 p.m., 8:30 p.m.

Cleared Pharmacy for Transfer

FTC, Oklahoma City, OK

## Signature &amp; Stamp

Todd Genzer

Clinical Nurse

FTC, Oklahoma City, OK

APR 23 1999

Ward Myron  
05967-084

BP-S620.060 **PATIENT PROBLEM LIST** CDFRM

AUG 96

**U.S. DEPARTMENT OF JUSTICE**

FEDERAL BUREAU OF PRISONS

## PROBLEM LIST

[illegible]

ADVERSE / ALLERGIC  
DRUG REACTIONS

(If none, record "No Known Drug Allergies")

AKDA 1-05-01 12/3/03 on

Patient Identification  
(Name, Reg #, DOB)

(This form may be replicated via WP)

Word: Myron

05967-084

DOB 7/7/70

Ord.Date 02/13/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (3)Refills  
Exp.Date 05/13/03 TAKE ONE TABLET FOUR TIMES DAILY  
AS NEEDED FOR FOR FOOT PAIN

Rx # 142966 IBUPROFEN 400 MG TAB #30

Ord.Date 03/28/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (1)Refills  
Exp.Date 05/26/03 APPLY TO AFFECTED AREA 2-4 TIMES  
DAILY AS NEEDED \*\*EXTERNAL USE  
ONLY\*\*

Rx # 145432 DIBUCAINE OINTMENT 1% GM #1

Ord.Date 04/14/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (5)Refills  
Exp.Date 07/12/03 TAKE ONE TABLET THREE TIMES DAILY  
AS NEEDED FOR NASAL SYMPTOMS

Rx # 146390 CHLORPHENIRAMINE 4 MG TAB #21

Ord.Date 04/14/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (3)Refills  
Exp.Date 07/12/03 INHALE 2 PUFFS IN EACH NOSTRIL 4  
TIMES A DAY AND AS NEEDED

Rx # 146391 SALINE NASAL SPRAY #1

Ord.Date 06/11/03 WARD, MYRON ARVEL D. OLSON  
05967-084 (0)Refills  
Exp.Date 06/30/03 INSTILL 1 DROP FOUR TIMES DAILY IN  
THE RIGHT EYE FOR 1 WEEK, THREE  
TIMES DAILY FOR 3 DAYS, TWICE DAILY  
FOR 3 DAYS, AT BEDTIME FOR 3 DAYS

Rx # 149603 PREDNISOLONE ACETATE OPHTH SUS 1% ML #1

Ord.Date 07/03/03 WARD, MYRON ARVEL B. SAYLOR  
05967-084 (0)Refills  
Exp.Date 09/01/03 2 SQUIRTS IN EACH NOSTRIL TWICE  
DAILY

Rx # 150947 FLUNISOLIDE NASAL SPRAY 0.025% ML #1

Ord.Date 07/03/03 WARD, MYRON ARVEL B. SAYLOR  
05967-084 (0)Refills  
Exp.Date 07/17/03 TAKE ONE CAPSULE TWICE DAILY  
\*\*MAY CAUSE DROWSINESS\*\*

Rx # 150948 DIPHENHYDRAMINE 25 MG CAP #20

Ord.Date 05/01/03 WARD, MYRON ARVEL (0)Refills  
05967-084  
Exp.Date 05/20/03 TAKE ONE CAPSULE TWICE DAILY FOR  
14 DAYS

Rx # 147397 AMOXICILLIN 500 MG CAP #28

Ord.Date 05/29/03 WARD, MYRON ARVEL B. SAYLOR  
05967-084 (0)Refills  
Exp.Date 08/17/03 TAKE ONE TABLET TWICE DAILY

Rx # 148906 TRIPROL/PSEUDO 2.5/60 MG TAB #15

Ord.Date 05/30/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (0)Refills  
Exp.Date 06/18/03 INSTILL 2 DROPS IN THE RIGHT EYE  
FOUR TIMES DAILY

Rx # 149013 GENTAMICIN OPHTHALMIC SOLUTION 3 MG/ML ML #1

Ord.Date 08/05/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (0)Refills  
Exp.Date 09/03/03 INSTILL 1 TO 2 DROPS IN BOTH EYES  
FOUR TIMES DAILY AS NEEDED

Rx # 152560 VASO CLEAR A EYE DROPS DROP #1

Ord.Date 08/05/03 WARD, MYRON ARVEL S. LABROZZI  
05967-084 (1)Refills  
Exp.Date 11/02/03 USE 2 SPRAYS IN EACH NOSTRIL  
TWICE DAILY

Rx # 152561 FLUNISOLIDE NASAL SPRAY 0.025% ML #1



**FCI MCKEAN PHARMACY**

119288 C. MONTGOM 09/06/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY TO AFFECTED AREA AS  
NEEDED \*\*EXTERNAL USE ONLY\*\*

**DIBUCAINE OINTMENT 1% GM** #1  
(0)Refills 09/06/2001 DAO RxExp 10/06/02

**FCI MCKEAN PHARMACY**

119289 C. MONTGOM 09/06/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
INSERT 1 SUPPOSITORY RECTALLY  
AFTER EACH BOWEL MOVEMENT

**HYDROCORTISONE ACETAT 25 MG EA** #1  
(0)Refills 09/06/2001 DAO RxExp 09/25/02

**FCI MCKEAN PHARMACY**

120809 D. OLSON 10/12/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY TO RECTAL AREA AFTER  
BOWEL MOVEMENT \*\*EXTERNAL USE  
ONLY\*\* (C.D. MENON)

**DIBUCAINE OINTMENT 1% GM** #1  
(0)Refills 10/12/2001 DAO RxExp 11/10/01

**FCI MCKEAN PHARMACY**

120810 D. OLSON 10/12/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
INSERT 1 SUPPOSITORY RECTALLY  
AFTER BOWEL MOVEMENT (C.D.  
MENON)

**HYDROCORTISONE ACETAT 25 MG EA** #12  
(0)Refills 10/12/2001 DAO RxExp 10/26/02

**FCI MCKEAN PHARMACY**

121382 G. FAIRBANKS 10/23/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
TAKE TWO TABLETS EVERY EIGHT  
HOURS AS NEEDED

**ACETAMINOPHEN 500 MG CAPL** #20  
(0)Refills 10/23/2001 DAO RxExp 10/27/01

CAUTION: Federal/State law prohibits transfer of this drug  
to any person other than patient for whom prescribed.

**FCI MCKEAN PHARMACY**

121383 G. FAIRBANKS 10/23/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY, LEAVE ON 10 MINUTES, TH  
RINSE. USE TWICE A WEEK

**SELENIUM SULFIDE LOTION 2.5% ML**  
(1)Refills 10/23/2001 DAO RxExp 12/23/02

**FCI MCKEAN PHARMACY**

123814 D. OLSON 12/20/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY AFTER EACH BOWEL  
MOVEMENT \*\*EXTERNAL USE ONLY\*\*  
(BONNIE SAYLOR NP)

**DIBUCAINE OINTMENT 1% GM**  
(0)Refills 12/20/2001 DAO RxExp 01/18/02

**FCI MCKEAN PHARMACY**

123815 D. OLSON 12/20/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
INSERT 1 SUPPOSITORY RECTALLY  
AFTER EACH BOWEL MOVEMENT  
(BONNIE SAYLOR NP)

**HYDROCORTISONE ACETATE 25 MG EA**  
(1)Refills 12/20/2001 DAO RxExp 01/18/02

CAUTION: Federal/State law prohibits transfer of this drug

**FCI MCKEAN PHARMACY**

123816 D. OLSON 12/20/01  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
DISSOLVE 1 TABLESPOONFUL IN A  
GLASS OF WATER EACH EVENING AND  
DRINK (BONNIE SAYLOR NP)

**PSYLLIUM HYDROPHILIC MUCILLOID** GM #1  
(0)Refills 12/20/2001 DAO RxExp 01/18/02

**FCI MCKEAN PHARMACY**

128785 B. SAYLOR, NP 04/12/02  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY TO AFFECTED AREA TWO  
TIMES A DAY \*\*EXTERNAL USE ONLY\*\*

**MICONAZOLE CREAM 2% GM** #1  
(2)Refills 04/12/2002 CDM RxExp 07/10/02

CAUTION: Federal/State law prohibits transfer of this drug  
to any person other than patient for whom prescribed.

**FCI MCKEAN PHARMACY**

130864 B. SAYLOR 05/31/02  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY TO AFFECTED AREA TWO  
TIMES A DAY \*\*EXTERNAL USE ONLY\*\*

**CLOTRIMAZOLE 1% CRM** #1  
(2)Refills 05/31/2002 CDM RxExp 08/28/02

CAUTION: Federal/State law prohibits transfer of this drug

**FCI MCKEAN PHARMACY**

130865 B. SAYLOR 05/31/02  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY TO AFFECTED AREA AFTER  
EACH BOWEL MOVEMENT \*\*EXTERNAL  
USE ONLY\*\*

**DIBUCAINE OINTMENT 1% GM** #1  
(3)Refills 05/31/2002 CDM RxExp 08/18/02

CAUTION: Federal/State law prohibits transfer of this drug  
to any person other than patient for whom prescribed.

**FCI MCKEAN PHARMACY**

130866 B. SAYLOR 05/31/02  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
INSERT 1 SUPPOSITORY RECTALLY  
AFTER EACH PAINFUL BOWEL  
MOVEMENT

**HYDROCORTISONE ACETAT 25 MG EA** #1  
(1)Refills 05/31/2002 CDM RxExp 06/29/02

CAUTION: Federal/State law prohibits transfer of this drug  
to any person other than patient for whom prescribed.

**FCI MCKEAN PHARMACY**

134307 G. FAIRBANKS 08/16/02  
WARD, MYRON ARVEL 05967-084  
MCKEAN HOUSING FACILITY - C03-106U  
APPLY TO AFFECTED AREA TWO  
TIMES A DAY \*\*EXTERNAL USE ONLY\*\*

**FLUOCINONIDE 0.05% CRM** #1  
(2)Refills 08/16/2002 CDM RxExp 11/13/02

CAUTION: Federal/State law prohibits transfer of this drug  
to any person other than patient for whom prescribed.

Ord. Date 11/06/02  
Exp. Date 01/04/03  
Rx # 138397  
WARD, MYRON ARVEL S. LABRO  
05967-084 (1)Refills  
APPLY TO AFFECTED AREA AFTER  
EACH BOWEL MOVEMENT

**DIBUCAINE OINTMENT 1% GM** #1



FEDERAL CORRECTIONAL COMPLEX  
LOW

Ord.Date WARD, MYRON ARVEL J. FAJARDO  
04/13/04 05967-084 (2)Refills

Exp.Date APPLY TO AFFECTED AREA THREE  
06/11/04 TIMES A DAY

Rx #  
82212 DIBUCAINE OINTMENT 1% GM #1

Ord.Date WARD, MYRON ARVEL A. ZAYAS  
04/26/04 05967-084 (2)Refills

Exp.Date USE 2 PUFFS IN EACH NOSTRIL  
07/24/04 TWICE DAILY

Rx #  
82978 FLUNISOLIDE 25 MCG #1

Ord.Date WARD, MYRON ARVEL K. LAYBOURNE  
05/21/04 05967-084 (0)Refills

Exp.Date TAKE 1 OR 2 TABLETS THREE TIMES  
05/24/04 DAILY AS NEEDED FOR PAIN FOR 4  
DAYS

Rx #  
600983 ACETAMINOPHEN/CODRINE 300MG/30MG TAB #24

Ord.Date WARD, MYRON ARVEL A. ZAYAS  
07/15/04 05967-084 (1)Refills

Exp.Date APPLY TWICE DAILY TO BOTH FEET  
08/13/04 FOR 30 DAYS

Rx #  
87351 MICONAZOLE CREAM 2% CR #1

Ord.Date WARD, MYRON ARVEL E. PANAGUITON  
08/24/04 05967-084 (0)Refills

Exp.Date USE IN NOSTRILS 2 TO 3 TIMES A  
09/02/04 DAY

Rx #  
89248 SALINE NASAL SPRAY #1

Ord.Date WARD, MYRON ARVEL E. PANAGUITON  
8/24/04 05967-084 (0)Refills

Exp.Date USE IN NOSTRILS DAILY AS  
9/22/04 DIRECTED

Rx #  
9249 FLUNISOLIDE 25 MCG #1

Ord.Date WARD, MYRON ARVEL A. ZAYAS  
11/22/04 05967-084 (1)Refills

Exp.Date USE AS DIRECTED  
01/20/05

Rx #  
93932 SALINE NASAL SPRAY #1

Ord.Date WARD, MYRON ARVEL A. ZAYAS  
11/22/04 05967-084 (1)Refills

Exp.Date 2 PUFFS IN EACH NOSTRIL TWICE  
01/20/05 DAILY

Rx #  
93931 FLUNISOLIDE 25 MCG #1

Ord.Date WARD, MYRON ARVEL R. FORTH  
11/30/04 05967-084 (0)Refills

Exp.Date USE AS DIRECTED  
12/29/04

Rx #  
94324 DIBUCAINE OINTMENT 1% GM #1

Ord.Date WARD, MYRON ARVEL E. PANAGUITON  
04/21/05 05967-084 (0)Refills 11:30

Exp.Date INHALE 1 SPRAY TO EACH NOSTRIL  
05/20/05 ONCE DAILY FOR 30 DAYS

Rx #  
00000 FLUNISOLIDE NASAL SPRAY 0.25MG/ML #1

Ord.Date WARD, MYRON ARVEL J. FAJARDO  
01/28/05 05967-084 (0)Refills

Exp.Date APPLY TO AFFECTED AREA TWICE  
02/26/05 DAILY

Rx #  
97036 DIBUCAINE OINTMENT 1% GM #1

Ord.Date WARD, MYRON ARVEL  
02/09/05 05967-084

Exp.Date 2 PUFFS EACH NOSTRIL TWICE DAILY  
03/20/05

Rx #  
97414 FLUNISOLIDE 25 MCG #1

Ord.Date WARD, MYRON ARVEL  
08/12/05 05967-084

Exp.Date 2 SPRAYS TWICE DAILY  
09/10/05

Rx #  
101939 FLUNISOLIDE NASAL (NASALIDE) 0.025% SOL #1

Ord.Date WARD, MYRON ARVEL L. NEGRON  
11/21/05 05967-084 (0)Refills

Exp.Date TAKE ONE TABLET TWICE DAILY  
01/04/06

Rx #  
103752 SULFAMETHOXAZOLE/TRIMETH 800MG/160MG TAB #90

Ord.Date WARD, MYRON ARVEL L. NEGRON  
11/21/05 05967-084 (1)Refills

Exp.Date 2 SPRAYS TWICE DAILY  
01/19/06

Rx #  
103753 FLUNISOLIDE NASAL (NASALIDE) 0.025% SOL #1

# MEDICAL RECORD

Case 1:04-cv-00011-SJM-SPB

Document 46-7

Filed 02/15/2006

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Continuation of S.F.

(Write out one line) (specify type of examination)

(data)

Ord. Date 10/02/00 WARD, MYRON ARVEL G. REYNO

(Sign and date)

Exp. Date 10/04/00 05967-084  
DRINK 1 PACKET MIXED IN 8 OUNCES  
OF WATER DAILY

Rx # 69513 PSYLLIUM HYDROPHILIC M 3.7 GM UN #3

Ord. Date 10/02/00 WARD, MYRON ARVEL G. REYNO

Exp. Date 10/08/00 05967-084  
APPLY RECTALLY TWICE DAILY FOR 7  
DAYS

Rx # 69514 HEMORRHOIDAL OINTMENT GM #30

(Continue on reverse side)

IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

REGISTER NO.

05967-084

WARD NO.

REPORT ON

OR CONTINUATION OF

Medical Record

STANDARD FORM 507 (REV. 7-91)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.202-1

\*U.S.GPO:1997-426-836 69075

Ward, Myron

Place medication label here.

Place medication label here.

Place medication label here.

**PHARMACY SERVICES**

FTC OKLAHOMA, OK 73189 405-682-4075

RX36964 DR.HUBER 04/06/99

WARD, MYRON \*3B

05967084

05967-084

TAKE ONE CAPSULE TWICE A DAY

4/6/99  
*Huber*

*[Signature]*  
Kent Officer, Rph  
Federal Transfer Center, OK

DOCUSATE SOD 100MG CAP # 14  
KW 3 REFILL(S) EXPIRES: 05/05/99

**Medication Sheer--Health Services Unit**

Federal Transfer Center  
Oklahoma City, OK

Inmate Name: \_\_\_\_\_  
Inmate Number: \_\_\_\_\_

# MEDICATION SHEET FCC, PETERSBURG, VA - LOW

Ord.Date WARD, MYRON ARVEL J. FAJARDO 7:00  
10/27/03 05967-084 (0) Refills 11:3  
Exp Date USE 2 PUFFS IN EACH NOSTRIL  
11/10/03 TWICE DAILY  
Rx #  
71543 FLUNISOLIDE 25 MCG #1 20:0

Ord.Date WARD, MYRON ARVEL J. FAJARDO 7:00  
10/27/03 05967-084 (0) Refills 11:3  
Exp Date AS DIRECTED  
11/10/03  
Rx #  
71544 DIBUCAINE OINTMENT 1% GM #1 20:0

Ord.Date WARD, MYRON ARVEL J. FAJARDO 7:00  
10/27/03 05967-084 (0) Refills 11:3  
Exp Date TAKE ONE TABLET 3 TIMES A DAY  
10/21/03  
Rx #  
71542 CHLORPHENIRAMINE 4 MG #15 20:0

Ord.Date WARD, MYRON ARVEL J. FAJARDO 7:00  
12/29/03 05967-084 (0) Refills 11:3  
Exp Date TAKE ONE TABLET 3 TIMES A DAY  
01/02/04  
Rx #  
75174 CHLORPHENIRAMINE 4 MG #15 20:0

Ord.Date WARD, MYRON ARVEL J. FAJARDO 7:00  
12/29/03 05967-084 (0) Refills 11:3  
Exp Date TAKE TWO TABLETS 4 TIMES A DAY  
01/02/04  
Rx #  
75175 ACETAMINOPHEN 325 MG TAB #40 20:0

Ord.Date WARD, MYRON ARVEL J. FAJARDO 7:00  
01/09/04 05967-084 (0) Refills  
Exp Date AS DIRECTED  
01/07/04  
Rx #  
76239 DIBUCAINE OINTMENT 1% GM #1

Ord.Date WARD, MYRON ARVEL L. NEGRON  
01/29/04 05967-084 (0) Refills 11:3  
Exp Date TAKE ONE CAPSULE EACH DAY AT  
02/04/04 BEDTIME  
Rx #  
77431 DIPHENHYDRAMINE 50 MG CAP #7

Ord.Date WARD, MYRON ARVEL L. NEGRON 7:00  
01/29/04 05967-084 (0) Refills 11:3  
Exp Date USE 2 PUFFS THREE TIMES DAILY IN  
02/07/04 EACH NOSTRIL  
Rx #  
77432 SALINE NASAL SPRAY #1 20:0

Ord.Date WARD, MYRON ARVEL A. ZAYAS 7:00  
02/10/04 05967-084 (1) Refills  
Exp Date USE 2 PUFFS TWICE DAILY IN EACH  
04/09/04 NOSTRIL  
Rx #  
78124 FLUNISOLIDE 25 MCG #1 20:0

Ord.Date WARD, MYRON ARVEL L. NEGRON 7:00  
03/11/04 05967-084 (0) Refills 11:3  
Exp Date USE 2 PUFFS IN EACH NOSTRIL 3  
06/04/04 TIMES A DAY  
Rx #  
80224 SALINE NASAL SPRAY #1 20:0

Ord.Date 02/24/01 WARD, MYRON ARVEL T. TYGER  
05967-084  
[REDACTED] INSERT ONE SUPPOSITORY RECTALLY  
TWICE DAILY IF NEEDED

Rx # 4499 HYDROCORTISONE ACET 25 MG EA #12

Ord.Date 05/10/01 WARD, MYRON ARVEL T. TYGER  
05967-084  
[REDACTED] INSTILL 1 - 2 DROPS IN BOTH EYES  
FOUR TIMES DAILY IF NEEDED

Rx # 6149 TEARS, ARTIFICIAL ML #1

Ord.Date 02/24/01 WARD, MYRON ARVEL T. TYGER  
05967-084  
[REDACTED] APPLY TO AFFECTED AREA 3 - 4 TIMES  
DAILY IF NEEDED

Rx # 4500 DIBUCAINE OINTMENT 1% GM #1

Ord.Date 06/12/01 WARD, MYRON ARVEL T. TYGER  
05967-084  
[REDACTED] MESSAGE SMALL AMOUNT ON SCALP  
FOR 5 MINUTES, RINSE

Rx # 6837 SELENIUM SULFIDE LOTION 2.5% ML #1